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CONFIRMATION NO. 2202

<b>SERIAL NUMBER</b> 09/460,216	<b>FILING OR 371(c) DATE</b> 12/13/1999 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 50875-F-PCT-
<b>APPLICANTS</b> GRAHAM P. ALLAWAY, DARNESTOWN, MD; VIRGINIA M. LITWIN, WEST AMWELL, NJ; PAUL J. MADDON, SCARSDALE, NY; WILLIAM C. OLSON, OSSINING, NY;				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/US98/12331 06/12/1998 which is a CON of 08/876,078 06/13/1997 PAT 6,107,019				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/18/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 4
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 79057				
<b>TITLE</b> METHODS OF INHIBITING HUMAN IMMUNODEFICIENCY VIRUS TYPE 1 (HIV-1) INFECTION THROUGH THE ADMINISTRATION OF CCR5 CHEMOKINE RECEPTOR ANTAGONISTS				
<b>FILING FEE RECEIVED</b> 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	